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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 09/770,169 |
| | | Filing Date | 01/26/2001 |
| | | First Named Inventor | Saxon et al |
| | | Group/Art Unit | Unknown |
| | | Examiner Name | Unknown |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 39754-0531A (2001-034-1) |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Saxon et al.) Art Unit: Unknown
 App. No. : 09/770,169)
 Filed: : 01/26/2001)
 Title : IMMUNOGLOBULIN CLASS)
 SWITCH RECOMBINATION)
 Examiner : Unknown)

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 entire chain of title of this invention from the Inventor(s) to the Assignee.

I declare that all statements made herein are true, and that all statements made upon
 information and belief are believed to be true, and further, that these statements were made with
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The undersigned hereby revokes any previous powers of attorney in the subject
 application, and hereby appoints the registrants of Heller Ehrman White & McAuliffe LLP, 275
 Middlefield Road, Menlo Park, California 94025, Telephone (650) 324-7000, **Customer No.**
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Title: Manager, Patent Prosecution

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